

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make DC Listen		FEC IDENTIFICATION NUMBER ▼ C C00570739
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Alliance Strategy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2016
Mailing Address 7700 Congress Ave, Ste 3208		Amount 16717.80
City Boca Raton	State FL	Zip Code 33487-1358
Purpose of Expenditure Email Marketing	Category/Type	Transaction ID : EFA427EF018B24E99A79 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ted Cruz	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 169307.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee 48HourPrint.com		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2016
Mailing Address 159 Thomas Burgen Pkwy		Amount 324.97
City Quincy	State MA	Zip Code 02169-4213
Purpose of Expenditure Printing (Bumper Stickers)	Category/Type	Transaction ID : E9A9EF055568A4FF3995 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ted Cruz	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 169307.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17042.77
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
04 / 01 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
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Form/Schedule: F24N

Transaction ID :

The independent expenditures listed in this 24 Hour Notice Filing were all for expenditures of communications and items that were disseminated nationally and equally distributed among the states. While these communications were not targeted for a particular state, they fell within the 24-HR reporting period for WI.

Form/Schedule:

Transaction ID:

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make DC Listen		FEC IDENTIFICATION NUMBER ▼ C C00570739	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2016		
Mailing Address 1601 Willow Rd			Amount 577.38		
City Menlo Park	State CA	Zip Code 94025-1452	Transaction ID : E59D6973D202B46B0902		
Purpose of Expenditure Online Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President		District: 00 State: WI
Calendar Year-To-Date Per Election for Office Sought		169307.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President		District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	577.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	17620.15

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Paul Kilgore

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Date

MM / DD / YYYY
04 / 01 / 2016

Signature